



Office of the Chief Financial Officer
Accounts Payable Vendor Desk
1 Cyclotron Rd, MS: 90J
Berkeley, CA 94720
(510) 486-6954

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

LBNL Substitute W-9

FOR DOMESTIC COMPANIES ONLY

PLEASE TYPE OR PRINT CLEARLY

Instructions to Vendor: Please fill out the form and return/fax to the individual requesting it. An IRS W9 form is not accepted in lieu of this W9 Substitute form.

Instructions to LBNL Department: Please fax to (510) 486-6975 or send via Lab mail to MS: 90J.

Questions: Please email vendordesks@lbl.gov or call (510) 486-6954.

VENDOR INFORMATION

Business Name (as it appears on federal tax return)		Taxpayer ID No. (Federal TIN used to file Federal tax return)	
DBA name if any (payment will be issued to this name)		Business phone number ()	Business fax number ()
Physical / PO Street Address		City	State Zip Code + 4
Remittance Address (if different than Physical / PO Address)		City	State Zip Code + 4
Dun & Bradstreet Number	NAICS Code(s)		Congressional District

VENDOR PROFILE AND TAX ACKNOWLEDGEMENT

What does your business provide? (Check all that apply)		<input type="checkbox"/> Services	<input type="checkbox"/> Supplies
Type of Business (Check one):	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Tax Exempt Entity		
Business Classification (Check ONE):			
<input type="checkbox"/> Non-Profit (NP) <input type="checkbox"/> DOE Contractor (DO) <input type="checkbox"/> Large Business (LB) <input type="checkbox"/> Small Business (SB)			
<input type="checkbox"/> State & Local Gov (SL) <input type="checkbox"/> Educational (Not UC) <input type="checkbox"/> University of California (UC) <input type="checkbox"/> Federal Entity (FE)			
Business Status (please check all that apply)			
<input type="checkbox"/> Disadvantage Business <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> 8a Set-Aside <input type="checkbox"/> Hub Zone			
<input type="checkbox"/> Women-owned Business <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> California Disabled Veteran			

STATE OF CALIFORNIA INCOME TAX WITHHOLDING REQUIREMENT

Do you physically perform services in the State of California?

☐ No Please complete Form 587 ☐ Yes Please complete Form 590 or 587 as applicable

Either a CA587 or CA590 form (not both) must be completed and signed in order to do business with LBNL

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct Federal and State backup withholding.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen, or other U.S. person (Note: You are considered a U.S. person if you are: 1) U.S. Citizen or U.S. resident alien. 2) A partnership, corporation, company, or association created or organized in the U.S., or under the laws of the U.S).

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholdings.

Signature of U.S. person and vendor representative (must be authorized to sign an IRS form)	Date
Name and title of the above individual (please print)	Date



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DIRECT DEPOSIT ENROLLMENT FORM

Name of Financial Institution		Name on account		
Address		City	State	Zip code
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (RTN) (9 digits)			
Account Number (Include leading zeros - do NOT include check number): Financial institution routing and account numbers can be identified at the bottom of your checks.				
<div><div>Your Bank Name Bank City, State Memo</div><div>"123456789"1000123456"1234"</div><div>9 digit routing number10 digit account numberCheck number</div></div>				

DIRECT DEPOSIT AGREEMENT

I authorize the Regents of the University of California, Lawrence Berkeley National Laboratory to deposit by electronic transfer payments owed to me by LBNL and, if necessary, debit entries and adjustments for any amounts deposited electronically in error (will receive written notification beforehand). LBNL shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until canceled in writing. I must initiate and complete a new authorization form if I change my account, close my account, or change financial institutions.

Authorized Signature	Printed Name	Date
Company contact information for notification and details of direct deposit payments		
Contact Name	Phone number	Email address for payment notification

LBNL Use Only
Vendor No.: _____
Location No.: _____